

## Application for Employment – <u>POLICE OFFICER</u> Borough of Naugatuck, Connecticut 229 Church Street, Naugatuck, CT., 06770 Phone: 203.720-7063 Fax: 203.720-7243

Application Number:
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consideration. applicants for eveteran status, state and local	It is the poemploymen sexual orie laws govern	olicy of the thick	the Borough of at regard to race or any other prediscrimination	f Naug ce, sex rotecte n in en	gatuck to t, color, ed class. nploym	o have religio The I ent in e	emplon, nati Boroug very l	oymen onal ogh of l ocatio	at opporiging Nauga On in v	ortunities, age, dis tuck con which we	n every employs to all employee ability, marital supplies with application have employees	s and tatus, cable
process, i.e., si Position Apply	gn interpret		ces office if yo	ou req	Full Ti						Number	
r osition rippry		OLICE	OFFICER		Part Ti Tempo	me			ociai	Security	rumber	
Name (Last) (First)				(Middle)			List any other names, nicknames or aliases that you may have been known by:					
Present Addres	SS			C	City		State			Zip		
Home Telephone Work Phone			l	Cell Phone								
<u> </u>	Are you	ı a U.S.	Citizen? Yes		No 🗖	,	Verifi	cation	will i	be requir	red.	
Education (circ 6 7 8	cle last year 9 10	-	eted) 2 13 14	15	16				you 2 e of b		er? Yes 🗖 No	
School	Name an	d City		Cred	dits	G	radu		Ma		Degree	
High School												
High School College												
College												
College Technical	rience											
College Technical Other	Yes 🗖	No 🗖	Branch			e of Dis	U					
College Technical Other Military Experior U.S. Military: Highest Rank I	Yes  Held:		ne reserve force		Specia	l Dutie	s/Trai	ning:		_	, attach copy of	
College Technical Other Military Experior U.S. Military: Highest Rank I	Yes Held:	ber of th	ne reserve force	es or N lank _	Specia National	l Dutie	s/Trai	ning:	No 🗀	If YES		
College Technical Other Military Exper U.S. Military: Highest Rank I  Are you now/w 214 form) Br  Previous Empl	Yes Held:  were a memoranch oyee of the s and address	ber of the Boroug	ne reserve force R h of Naugatuc	es or N Cank _ k?	Specia National Yes	l Dutie Guard	s/Trai ? Yes	ning:	No L	If YES		DD-
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Please complete this section even if you have attached a resume. Please entire Employment History. Attached a separate listing if necessary.

	Starting with the most recent position, state your last fo	ur employers.				
	Company Name	Telephone ( )				
1	Address	City/State/Zip Code				
	Name of Supervisor	Employed (State month and year) From To				
	State Job Title(s) and Describe Your Work	Reason for Leaving				
	Company Name	Telephone ( )				
	Address	City/State/Zip Code				
2	Name of Supervisor	Employed (State month and year) From To				
	State Job Title(s) and Describe Your Work	Reason for Leaving				
	Company Name	Telephone ( )				
	Address	City/State/Zip Code				
3	Name of Supervisor	Employed (State month and year) From To				
	State Job Title(s) and Describe Your Work	Reason for Leaving				
	Company Name	Telephone ( )				
	Address	City/State/Zip Code				
4	Name of Supervisor	Employed (State month and year) From To				
	State Job Title and Describe Your Work	Reason for Leaving				
Cr	iminal – Motor Vehicle Record:					
На	we you ever been convicted of any crime or violation?	Yes 🗖 No 🗖				
	YES, provide details including dates) of arrest(s) and hearing(sident(s) and disposition: (Use separate piece of paper, if necessitions)					
	ote: Except as provided by State of Connecticut provisions and tomatically disqualify an applicant from employment.	l Federal law, the existence of a police record does not				
Ar	e you a licensed automobile operator?	Yes 🗖 No 🗖				
S	tate: Operator's Number:	Classification:				

(	rimi	nal – Motor Veh	icle Record (con	tinued):		
		you ever been conv S, list the offense(s)		Vehicle Offense? fon(s) and location(s)	Yes □	No □
<u>C</u>	FFE	NSE	DATE	DISPOSITION	LOC	CATION
-						
]-						
		our operator's licen S, please explain: _		ked or suspended?	Yes □	No 🗖
_						
		ency History: List if necessary):	Chronologically a	all of your residences for th	e past ten years (Attache	d a separate piece of
F	ROM	TO 1	STREE?	Γ CITY	STATE	ZIP
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4		10 /				
		ral Section:  Are you presently	vusing ingesting	injecting, sniffing, absorbir	ng or otherwise causing to	enter vour hody any
	1.	non-prescriptive	drugs or substance	es including: Hallucinogeni	ic drugs, stimulants, depre	essants, narcotic drugs,
		2 1	emicals or alcoholy ely engaged in suc	? Currently using means the conduct?	at use has occurred recent	tly enough to indicate
				swer the following:		
				drug or substance?		
		Which drug or su	bstance did you us	se?		
	2.		y applying to, or ha If YES, List age	ave you ever applied for emencies:	nployment with any police	e department?
	3.	from working ho officer?		rotating shifts, weekends ar ther way from being able to aplain:		
				as permit in any jurisdiction		
			certified to be a p	olice officer? Yes □ No □	I if YES attach copy of co	ertification
		card. Any special skills	qualifications and	l licenses you possess:		
	0.	This special skins,	quannounous and	necinous you possess.		

## Borough of Naugatuck – Naugatuck Police Department Agreement and Release

## <u>To All Applicants: Please read this section and signify your understanding by signing your name in the space so indicated.</u>

I, the undersigned, certify that the information contained in this employment application is true and complete to the best of my knowledge and belief. I understand and agree that omissions, misrepresentations, or falsifications of any part of this record shall result in immediate discharge. I authorize any investigation into the statements I have made in the application as necessary to arrive at any employment decision.

I understand that this application, statement by the Naugatuck Police Department, in writing or orally, during the interview and/or hiring process is to be interpreted as creating a contract between the applicant and the Naugatuck Police Department. Also, I understand that this application is not an offer of employment, and offers of employment may only be made in writing by the Naugatuck Police Commission.

I understand that any resultant employment is contingent on the satisfactory processing of my application and post-offer medical examination which shall include lab and x-ray work to determine suitability to perform the essential job duties and to ensure that I am free from active communicable diseases understand that, as part of the application procedure for employment by the Naugatuck Police Department, I will be required to submit to a urinalysis test to detect the existence of drugs and other intoxicants. These tests will be administered as required by State of Federal Law. I further understand that, if the test is positive, I will be given a copy of the result, if requested.

I understand that as part of the application process, the Naugatuck Police Department conducts thorough background checks (which may include a check of my criminal history) done on prospective employees. I agree, if contacted with respect to such background check, that I will fully cooperate and provide any information requested. I hereby release all such persons and waive any and all claims, demands, or causes of action whatsoever, in connection for and release of such information.

I authorize representatives of the Naugatuck Police Department to obtain a consumer credit report, including an investigative consumer report, as part of my application for a police officer position.

I understand that I will be considered for employment on the basis of references and the information furnished on this application form and I hereby authorize all schools, former employers, personal references and police to furnish full information including work history and any personnel file information about me to the Naugatuck Police Department without liability of any kind. I have read, understand and agree to the foregoing.

Printed Name of Applicant	Date
Applicant Signature	Date
Print Name of Notary Public	Signature of Notary Public
	Expiration Date of Notary Public